

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form  
(CRF)?:: No

Number of copies of CRF::

Title:: DISPERSIBLE FORMULATION OF AN ANTI-INFLAMMATORY  
AGENT

Attorney Docket Number:: 1559.US1

Request for Early  
Publication?:: No

Request for  
Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Application Data Sheet

Application Information

Small Entity?::

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## Applicant Information

|   |                     |
|---|---------------------|
| Applicant Authority Type::              | Inventor            |
| Primary Citizenship Country::           | USA                 |
| Status::                                | Full Capacity       |
| Given Name::                            | Nancy               |
| Middle Name::                           | J.                  |
| Family Name::                           | Britten             |
| Name Suffix::                           |                     |
| City of Residence::                     | Portage             |
| State or Province of Residence::        | Michigan            |
| Country of Residence::                  | USA                 |
| Street of mailing address::             | 4750 Norfolk Circle |
| City of mailing address::               | Portage             |
| State or Province of mailing address::  | Michigan            |
| Country of mailing address::            | USA                 |
| Postal or Zip Code of mailing address:: | 49024               |
| Applicant Authority Type::              | Inventor            |
| Primary Citizenship Country::           | USA                 |
| Status::                                | Full Capacity       |
| Given Name::                            | Niki                |
| Middle Name::                           | A.                  |
| Family Name::                           | Waldron             |
| Name Suffix::                           |                     |
| City of Residence::                     | Kalamazoo           |
| State or Province of Residence::        | Michigan            |
| Country of Residence::                  | USA                 |
| Street of mailing address::             | 2460 Wildemere      |
| City of mailing address::               | Kalamazoo           |
| State or Province of mailing address::  | Michigan            |
| Country of mailing address::            | USA                 |
| Postal or Zip Code of mailing address:: | 49009               |

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|---|------------------------|
| Applicant Authority Type::              | Inventor               |
| Primary Citizenship Country::           | USA                    |
| Status::                                | Full Capacity          |
| Given Name::                            | Jeffrey                |
| Middle Name::                           | L.                     |
| Family Name::                           | Watts                  |
| Name Suffix::                           |                        |
| City of Residence::                     | Kalamazoo              |
| State or Province of Residence::        | Michigan               |
| Country of Residence::                  | USA                    |
| Street of mailing address::             | 9531 Autumnwood Circle |
| City of mailing address::               | Kalamazoo              |
| State or Province of mailing address::  | Michigan               |
| Country of mailing address::            | USA                    |
| Postal or Zip Code of mailing address:: | 49009                  |
| Applicant Authority Type::              | Inventor               |
| Primary Citizenship Country::           | USA                    |
| Status::                                | Full Capacity          |
| Given Name::                            | John                   |
| Middle Name::                           | Walter                 |
| Family Name::                           | Hallberg               |
| Name Suffix::                           |                        |
| City of Residence::                     | Nashville              |
| State or Province of Residence::        | Michigan               |
| Country of Residence::                  | USA                    |
| Street of mailing address::             | 7101 Butler Road       |
| City of mailing address::               | Nashville              |
| State or Province of mailing address::  | Michigan               |
| Country of mailing address::            | USA                    |
| Postal or Zip Code of mailing address:: | 49073                  |

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|---|-------------------|
| Applicant Authority Type::              | Inventor          |
| Primary Citizenship Country::           | USA               |
| Status::                                | Full Capacity     |
| Given Name::                            | John              |
| Middle Name::                           | W.                |
| Family Name::                           | Burns             |
| Name Suffix::                           |                   |
| City of Residence::                     | Antigo            |
| State or Province of Residence::        | Wisconsin         |
| Country of Residence::                  | USA               |
| Street of mailing address::             | 812 4th Avenue #8 |
| City of mailing address::               | Antigo            |
| State or Province of mailing address::  | Wisconsin         |
| Country of mailing address::            | USA               |
| Postal or Zip Code of mailing address:: | 54409             |

  

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|---|--|
| Applicant Authority Type::              |  |
| Primary Citizenship Country::           |  |
| Status::                                |  |
| Given Name::                            |  |
| Middle Name::                           |  |
| Family Name::                           |  |
| Name Suffix::                           |  |
| City of Residence::                     |  |
| State or Province of Residence::        |  |
| Country of Residence::                  |  |
| Street of mailing address::             |  |
| City of mailing address::               |  |
| State or Province of mailing address::  |  |
| Country of mailing address::            |  |
| Postal or Zip Code of mailing address:: |  |

## Correspondence Information

Correspondence Customer Number:: 25533  
Name:: Pharmacia & Upjohn Company  
Street of mailing address:: Global Intellectual Property  
301 Henrietta Street  
City of mailing address:: Kalamazoo  
State or Province of mailing address:: MI  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 49007  
Phone number:: (269) 833-9500  
Fax Number:: (269) 833 2316  
E-Mail address::

